



# UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
United States Patent and Trademark Office  
Address: COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria, Virginia 22313-1450  
www.uspto.gov



CONFIRMATION NO. 6678

Bib Data Sheet

|                             |  |              |                        |   |
|-----------------------------|--|--------------|------------------------|---|
| SERIAL NUMBER<br>10/824,815 | FILING OR 371(c)<br>DATE<br>04/15/2004<br>RULE | CLASS<br>604 | GROUP ART UNIT<br>3767 | ATTORNEY<br>DOCKET NO.<br>46623-0300442 |
|-----------------------------|--|--------------|------------------------|---|

APPLICANTS

Swee Cheau Chong, Hayward, CA;  
Yasushi Takigawa, Moraga, CA;

*Tsao TD*

\*\* CONTINUING DATA \*\*\*\*\*

*None TD*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

*None PL*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 06/26/2004

|                                 |  |                        |                     |                    |                         |
|---------------------------------|--|------------------------|---------------------|--------------------|-------------------------|
| Foreign Priority claimed        | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no                                    | STATE OR COUNTRY<br>CA | SHEETS DRAWING<br>8 | TOTAL CLAIMS<br>35 | INDEPENDENT CLAIMS<br>3 |
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after |                        |                     |                    |                         |
| Verified and Acknowledged       | <i>TSao</i><br>Examiner's Signature  | <i>PL</i><br>Initials  |                     |                    |                         |

ADDRESS

27496

TITLE

Safety arteriovenous fistula needle

|                             |   |   |
|-----------------------------|---|---|
| FILING FEE RECEIVED<br>1040 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
|-----------------------------|---|---|